



# **Religious Immunization Exemption Certificate** **For Use in Public and Private Daycare, Preschool,** **School & College**

**Instructions for completing a Religious Immunization Exemption Certificate (Press down firmly to mark all copies)**

**Section 1:** Enter student information.

**Section 2:** Have parent/guardian or student (if the student is 18 years of age or older) initial, sign and date after reading Vaccine Information Statement (s).

**Section 3:** Obtain school signatures and dates and distribute copies as outlined below.

Name of Daycare, School, or Institution	Street Address	City	Zip Code	Phone
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## **Section 1. Student Information**

Student Name		Date of Birth	Grade
Street Address		City	Zip Code
Name and Address of Healthcare Provider		City	Zip Code

## **Section 2: Immunization Exemptions (To be completed by parent/guardian, or student if the student is 18 yrs. old or older)**

I request that the above named student be exempt from the vaccine(s) checked below based on my religious beliefs:

- ☐ DTaP    ☐ Hepatitis A    ☐ Hepatitis B    ☐ HIB    ☐ HPV    ☐ Influenza    ☐ IPV    ☐ MCV    ☐ MMR  
☐ PCV    ☐ Rotavirus    ☐ Td/Tdap    ☐ Varicella

I have received and read the educational materials explaining the disease(s) and vaccine (s) checked above and:

_____	I understand the benefits and the risks of the vaccine(s).
Initials	
_____	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
Initials	
_____	I understand the risk of transmitting the disease(s) to others.
Initials	
_____	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.
Initials	

I understand the above risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

\_\_\_\_\_  
 Signature of Parent/Guardian or Student  
 (if the student is 18 years of age or older)

\_\_\_\_\_  
 Date

## **Section 3: For School Official Use Only – Date, sign, and distribute copies as indicated below.**

_____	_____
School Nurse Signature	Date
_____	_____
School Administrative Head Signature	Date

Note: In accordance with the Rhode Island Department of Health's *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)*, (<http://www.rules.state.ri.us/rules/>), it is the responsibility of the administrative head of the of the daycare, preschool, school or college to secure compliance with the regulations. The administrative head of the daycare, preschool, school or college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.